

FED  
OFFICE  
COUNCIL

Paul Green

St. Louis, MO 63126

RECEIVED  
FED MAIL  
OPERATIONS CENTER  
2006 AUG -2 A 8:08

July 27, 2006

2006 SEP 25 A 11:01

Federal Election Commission  
999 East Street North West  
Washington, DC 20463

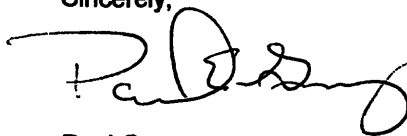
MUR # 5821

Dear Sir or Madam:

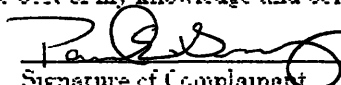
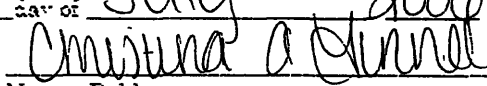
This letter is to inform you that I noticed on the Missouri Ethics Commission's website that Judi Parker had filed a campaign finance form in which she transferred funds from Judi Parker for Congress to Judi Parker for State Representative. Judi Parker has filed to run for a state office and stopped running for the federal office and she has filed the forms to terminate her status as a candidate, but she still appears to be collecting funds under Judi Parker for Congress. Her candidate number is C00420877 for the federal campaign and C061268 for her state campaign. In her filings for the state campaign she shows transfers from Judi Parker for Congress to Judi Parker for State Representative on two different occasions. The first being on 05-03-2006 in the amount of \$1,185.00 which is after her filing for termination of her federal campaign which would be fine, the problem arises when she makes another transfer of funds on 06-30-2006 in the amount of \$1,012.75 which brings into question, is she collecting for a terminated federal candidacy.

It appears that Judi Parker for Congress has continued to collect funds even after she had filed to terminate her candidacy for congress. These funds are not being reported to the FEC and are showing as funds transferred to Judi Parker for State Representative. There is no real paper trail to show where these funds are coming from as well as Missouri has specific limitations that can be broken by allowing funds from a non-existent federal campaign to be transferred to a state campaign.

Sincerely,



Paul Green

VERIFICATION BY OATH OR AFFIRMATION	
STATE OF MISSOURI COUNTY OF <u>ST. LOUIS</u>	
I <u>Paul Green</u> , being duly sworn state that the information in this complaint is complete, true, and correct to the best of my knowledge and belief	
 Signature of Complainant	
Subscribed and sworn to before me this <u>27th</u> day of <u>July</u> , <u>2006</u>	
Commission Expires: <u>4/10/07</u>	 Notary Public

CHRISTINA A. TINNELL  
Notary Public — Notary Seal  
STATE OF MISSOURI  
St. Louis County  
My Commission Expires April 10, 2007

27044170910



**FEDERAL ELECTION COMMISSION**  
WASHINGTON, D.C. 20463

MS-K

April 25, 2006

Joan Kolesarek, Treasurer  
Judi Parker for Congress  
P. O. Box 22071  
St. Louis, MO 63126

Identification Number: C00420877

Reference: Termination Request, dated 4/5/06

Dear Ms. Kolesarek:

Your committee's filing has been accepted as a valid termination as it meets the conditions set forth in 2 U.S.C. § 433(d) and Section 102.3 of the Commission's Regulations. Your committee is no longer required to file reports on a periodic basis. However, 2 U.S.C. § 432(d) and Sections 102.9(c) and 104.14(b)(3) of the Commission's Regulations require that you maintain your records and copies of reports for inspection for at least three (3) years. In addition, you may be required to respond to Commission requests for information regarding your committee's federal election activity and previously filed reports.

If your committee again becomes active in federal elections, it will be required to re-register with the Commission in accordance with the Federal Election Campaign Act and applicable Regulations. Your committee will be treated as a new entity by the Commission and should register as a new committee on FEC FORM 1, pursuant to 2 U.S.C. §§ 432(g) and 433(a).

If you have any questions concerning your status and requirements, please contact the Reports Analysis Division on the toll-free number, (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division). My local number is (202) 694-1155.

Sincerely,

Vicki Hubbard  
Senior Campaign Finance Analyst  
Reports Analysis Division

27044170911



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C061268

1. DATE OF REPORT	OFFICE USE ONLY <i>pm</i> <i>17</i>
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>Judi Parker for State Representative</u>	
3. COMMITTEE MAILING ADDRESS <u>P.O. Box 22071</u>	4. COMMITTEE TELEPHONE NUMBER <u>314-799-6690</u>
CITY / STATE / ZIP <u>St. Louis, Mo 63126</u>	
5. TREASURER'S NAME <u>Joan Kolesarek</u>	
6. TREASURER'S MAILING ADDRESS	7. TREASURER'S TELEPHONE NUMBER HOME: WORK:
CITY / STATE / ZIP <u>St. Louis Mo 63146</u>	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER <u>Gerald Parker</u>	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK: <u>314-808-6690</u>
CITY / STATE / ZIP <u>St. Louis, Mo 63127</u>	
11. DATE OF ELECTION <u>August 8, 2006</u>	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM THROUGH	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <u>Judi Parker</u> <u>St. Louis, MO 63127</u> <u>State Representative - District 95</u> <u>Democrat</u> <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	
15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 6 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CC-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED <u>July</u> - <u>15</u> , 20 <u>06</u>	
MISSOURI ETHICS COMMISSION JUL 17 2006	
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE <u>Joan Kolesarek</u> TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE <u>Judi Parker</u> CANDIDATE'S SIGNATURE



Missouri Ethics Commission  
REPORT SUMMARY  
INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Judi Parker for State Representative</i>	DATE OF REPORT <i>July 15, 2006</i>	OFFICE USE ONLY
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RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 8057.75			
3. ALL LOANS RECEIVED THIS PERIOD	+\$ 5000.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+\$			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 13057.75		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 0
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 1215.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 13,057.75
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 14272.75		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-\$ 0		a) Disbursements By Check \$ 3062.50	-\$ 3062.50
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$	b) Disbursements By Cash \$	
EXPENDITURES			28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 9995.25
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 3062.50			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+\$ 0			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 275.35			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 3337.85		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 3337.85	30. LOANS RECEIVED THIS PERIOD	+\$ 5000.00
CONTRIBUTIONS MADE			31. NEW DEBTS INCURRED THIS PERIOD	+\$ 275.35
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0	32. PAYMENTS MADE ON LOANS THIS PERIOD	-\$ 0
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-\$ 0
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-\$ 0
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 5275.35
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 0		
OTHER DISBURSEMENTS				
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$ 0			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 0			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$ 0			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0			

CD SUMMARY

27044170913



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS AND LOANS RECEIVED  
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Jude Parker for State Representative</i>		2. REPORT DATE <i>July 15-2006</i>	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: <i>Rea Beck Kleeman</i> ADDRESS: CITY / STATE: EMPLOYER: <i>Apt. 1A</i> <input type="checkbox"/> COMMITTEE: <i>Clayton, Mo 63105 Retired</i>		<i>5-12-06</i> \$ <i>175.</i>	\$ <i>175.</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Joseph Kleeman</i> ADDRESS: CITY / STATE: EMPLOYER: <i>Clayton, Mo 63105</i> <input type="checkbox"/> COMMITTEE: <i>Retired</i>		<i>5-12-06</i> \$ <i>175.</i>	\$ <i>175.</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Clinton P. Blandford, Jr.</i> ADDRESS: CITY / STATE: EMPLOYER: <i>St. Louis, Mo 63127</i> <input type="checkbox"/> COMMITTEE: <i>Retired</i>		<i>5-23-06</i> \$ <i>200.</i>	\$ <i>200.</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>How ME PAC</i> ADDRESS: CITY / STATE: <i>P.O. Box 16885</i> EMPLOYER: <i>Clayton, Mo 63105</i> <input type="checkbox"/> COMMITTEE:		<i>5-25-06</i> \$ <i>325.</i>	\$ <i>325.</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Cheryl A. Hibbeler</i> ADDRESS: CITY / STATE: EMPLOYER: <i>O'Fallon, Mo 63366</i> <input type="checkbox"/> COMMITTEE: <i>NA</i>		<i>4-11-06</i> \$ <i>180.</i>	\$ <i>100</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ <i>975.00</i>	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ <i>4442.75</i>	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ <i>5417.75</i>	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ <i>4417.75</i>	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ <i>1000.00</i>	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ <i>—</i>	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ <i>—</i>	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ <i>3440.00</i>	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ <i>215.00</i>	
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: <i>Gerald Parker</i> ADDRESS: CITY / STATE: <i>St. Louis, Mo 63127</i>		<i>6-27-06</i>	\$ <i>2000.00</i>
NAME: <i>Gerald Parker</i> ADDRESS: CITY / STATE: <i>St. Louis, Mo 63127</i>		<i>6-30-06</i>	\$ <i>3000.00</i>
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ <i>5000.00</i>	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ <i>—</i>	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ <i>5000.00</i>	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ <i>1215.00</i>	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ <i>8057.75</i>	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ <i>13057.75</i>	

FORM CD1

27044170914



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Judi Parker for State Representative</i>		2. REPORT DATE <i>July 15-2006</i>	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>Rea Beck, Kleeman</i> ADDRESS: CITY/STATE:		<i>5-12-06</i>	\$ <i>175</i>
EMPLOYER: <i>Upt. 1A</i> <input type="checkbox"/> COMMITTEE: <i>Clayton, Mo 63105 Retired</i>		\$ <i>175</i>	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Joseph Kleeman</i> ADDRESS: CITY/STATE:		<i>5-12-06</i>	\$ <i>175</i>
EMPLOYER: <i>Clayton, Mo 63105</i> <input type="checkbox"/> COMMITTEE: <i>Retired</i>		\$ <i>175</i>	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Clinton P. Blandford, JR.</i> ADDRESS: CITY/STATE:		<i>5-23-06</i>	\$ <i>200</i>
EMPLOYER: <i>St. Louis, Mo 63127</i> <input type="checkbox"/> COMMITTEE: <i>Retired</i>		\$ <i>200</i>	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>SHOW ME PAC</i> ADDRESS: CITY/STATE: <i>P.O. Box 16885</i>		<i>5-25-06</i>	\$ <i>325</i>
EMPLOYER: <i>Clayton, Mo 63105</i> <input type="checkbox"/> COMMITTEE:		\$ <i>325</i>	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Cheryl A. Hibbeler</i> ADDRESS: CITY/STATE:		<i>4-11-06</i>	\$ <i>100</i>
EMPLOYER: <i>O'Fallon, Mo 63366</i> <input type="checkbox"/> COMMITTEE:		\$ <i>180</i>	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ <i>975.00</i>	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ <i>4442.75</i>	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ <i>5417.75</i>	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ <i>4417.75</i>	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ <i>1000.00</i>	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ <i>—</i>	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ <i>—</i>	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ <i>3640.00</i>	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ <i>215.00</i>	
C. LOANS RECEIVED		16. DATE RECEIVED	
15. NAME AND ADDRESS OF LENDER NAME: <i>Gerald Parker</i> ADDRESS: CITY/STATE: <i>St. Louis, Mo 63127</i>		<i>6-27-06</i>	\$ <i>2000.00</i>
NAME: <i>Gerald Parker</i> ADDRESS: CITY/STATE: <i>St. Louis Mo 63127</i>		<i>6-30-06</i>	\$ <i>3000.00</i>
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ <i>5000.00</i>	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ <i>—</i>	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ <i>5000.00</i>	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ <i>1215.00</i>	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ <i>8057.75</i>	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ <i>13,057.75</i>	

FORM CD1

27044170915



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE <i>Judi Parker for State Representative</i>		DATE <i>July 15, 2006</i>
INSTRUCTIONS		
<p>PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.</p> <p>If further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions.</p>		
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: <i>Judi Parker for Congress</i>		AGGREGATE TO DATE
ADDRESS: <i>P.O. Box 22071</i>		DATE
CITY/STATE: <i>St. Louis, MO 63126</i>		
EMPLOYER: <i>St. Louis, MO 63126</i>		
<input checked="" type="checkbox"/> COMMITTEE:		
NAME: <i>Rick La Monica</i>		
ADDRESS: <i>Crestwood, MO 63126</i>		
CITY/STATE: <i>St. Louis, MO 63126</i>		
EMPLOYER: <i>Sales/Clerk - Crafts Alliance</i>		
<input type="checkbox"/> COMMITTEE:		
NAME: <i>Joan Kolesarek</i>		
ADDRESS: <i>St. Louis, MO 63146</i>		
CITY/STATE: <i>St. Louis, MO 63146</i>		
EMPLOYER: <i>Legal Asst; McK: Hrick</i>		
<input type="checkbox"/> COMMITTEE:		
NAME: <i>94th House District Committee</i>		
ADDRESS: <i>825 Cheviot Ct.</i>		
CITY/STATE: <i>Kirkwood, MO 63122</i>		
EMPLOYER: <i>Kirkwood, MO 63122</i>		
<input checked="" type="checkbox"/> COMMITTEE:		
NAME: <i>Friends of Bob Burns</i>		
ADDRESS: <i>9057 Southview Ln.</i>		
CITY/STATE: <i>St. Louis, MO 63123</i>		
EMPLOYER: <i>St. Louis, MO 63123</i>		
<input checked="" type="checkbox"/> COMMITTEE:		
NAME: <i>First Senatorial Political Party</i>		
ADDRESS: <i>7305 Manchester Road</i>		
CITY/STATE: <i>Suite C-3</i>		
EMPLOYER: <i>Maplewood, MO 63143</i>		
<input checked="" type="checkbox"/> COMMITTEE:		
NAME: <i>Burkett for County Council</i>		
ADDRESS: <i>2023 Huntington</i>		
CITY/STATE: <i>Overland, MO 63114</i>		
EMPLOYER: <i>Overland, MO 63114</i>		
<input checked="" type="checkbox"/> COMMITTEE:		
NAME: <i>Marion B. Langsdon</i>		
ADDRESS: <i>St. Louis, MO 63122</i>		
CITY/STATE: <i>St. Louis, MO 63122</i>		
EMPLOYER: <i>Retired</i>		
<input type="checkbox"/> COMMITTEE:		
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 1905.
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE <i>Judi Parker for State Representative</i>		DATE <i>July 15, 2006</i>
INSTRUCTIONS		
<p><b>PURPOSE:</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.</p> <p>If further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions.</p>		
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4. DATE RECEIVED AGGREGATE TO DATE
5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)		
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME: <i>Destination St. Louis, Inc.</i>		
ADDRESS: <i>7710 Big Bend Blvd.</i>		
CITY / STATE: <i>St. Louis, MO 63119</i>		
EMPLOYER: <i>St. Louis, MO 63119</i>		
<input type="checkbox"/> COMMITTEE: <i>St. Louis, MO 63119</i>		
NAME: <i>Donna L. Moore</i>		
ADDRESS: <i>St. Louis, MO 63105</i>		
CITY / STATE: <i>St. Louis, MO 63105</i>		
EMPLOYER: <i>NONE</i>		
<input type="checkbox"/> COMMITTEE: <i>NONE</i>		
NAME: <i>Judi Parker for Congress</i>		
ADDRESS: <i>P.O. Box 22071</i>		
CITY / STATE: <i>St. Louis, MO 63126</i>		
EMPLOYER: <i>St. Louis, MO 63126</i>		
<input checked="" type="checkbox"/> COMMITTEE: <i>St. Louis, MO 63126</i>		
NAME: <i>Missouri State Democratic State Party</i>		
ADDRESS: <i>208 Madison Ave</i>		
CITY / STATE: <i>Jefferson City, MO</i>		
EMPLOYER: <i>Jefferson City, MO</i>		
<input checked="" type="checkbox"/> COMMITTEE: <i>Jefferson City, MO</i>		
NAME:		
ADDRESS:		
CITY / STATE:		
EMPLOYER:		
<input type="checkbox"/> COMMITTEE:		
NAME:		
ADDRESS:		
CITY / STATE:		
EMPLOYER:		
<input type="checkbox"/> COMMITTEE:		
NAME:		
ADDRESS:		
CITY / STATE:		
EMPLOYER:		
<input type="checkbox"/> COMMITTEE:		
NAME:		
ADDRESS:		
CITY / STATE:		
EMPLOYER:		
<input type="checkbox"/> COMMITTEE:		
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>2537.75</i>
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		

27044170917





MISSOURI ETHICS COMMISSION  
SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM	OFFICE USE ONLY
<input checked="" type="checkbox"/> LOAN RECEIVED	
<input type="checkbox"/> LOAN REPAYMENT	

NAME OF COMMITTEE <i>Judi Parker for State Representative</i>	REPORT DATE <i>July 15, 2006</i>
--	-------------------------------------

I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER <i>Gerald Parker</i>
---

*St. Louis, MO 63127*

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN <i>Judi Parker for State Representative</i> <i>PO Box 22071</i> <i>St. Louis, MO 63126</i>
---

*Judi Parker*

*St. Louis, MO 63127*

3. LOAN I.D. NUMBER (IF ANY)	4. DATE OF LOAN <i>6-30-07</i>	5. AMOUNT OF LOAN <i>\$ 3000.</i>
------------------------------	-----------------------------------	--------------------------------------

6. ANNUAL RATE OF INTEREST <i>0 %</i>	7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.) <i>4 months</i>
--	--

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.) <i>lump sum payoff within time frame.</i>
--

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT OR CREDIT	2. NAME AND ADDRESS OF LENDER	3. AMOUNT OF PAYMENT OR CREDIT
		\$
		\$
		\$
		\$
		\$
		\$
4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)		\$
5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE		\$
6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED		\$

27044170918





MISSOURI ETHICS COMMISSION  
EXPENDITURES AND CONTRIBUTIONS MADE  
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Judi Parker for State Representative</i>		2. REPORT DATE <i>July 15, 2006</i>	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4. AMOUNT PAID OR INCURRED THIS PERIOD	
3. CATEGORY OF EXPENDITURE <i>Design work - materials</i>			
<i>Computer cartridges / pens / paper</i>		\$ <i>73.64</i>	
<i>Map</i>		\$ <i>25.00</i>	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ <i>164.64</i>	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ <i>164.64</i>	
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	
8. NAME AND ADDRESS OF RECIPIENT		9. DATE	11. AMOUNT THIS PERIOD
NAME: <i>Two Hearts Conference Ctr.</i> ADDRESS: <i>4532 So. Lindbergh Blvd</i> CITY / STATE: <i>St. Louis MO 63127</i>		<i>4-21-06</i>	\$ <i>250.</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Office Max</i> ADDRESS: <i>Suite 111</i> CITY / STATE: <i>Crestwood, MO 63126</i>		<i>4-20-06</i> <i>6-4-06</i>	\$ <i>190.96</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>United States Postal Service</i> ADDRESS: <i>Sappington Post Office</i> CITY / STATE: <i>St. Louis MO 63126</i>		<i>5-4-06</i> <i>6-13-06</i>	\$ <i>195.</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Peace Institute Printing, Inc.</i> ADDRESS: <i>4436 Olive</i> CITY / STATE: <i>St. Louis, MO 63108</i>		<i>5-3-06</i>	\$ <i>190.48</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Two Hearts Conference Ctr.</i> ADDRESS: <i>4532 So. Lindbergh Blvd.</i> CITY / STATE: <i>St. Louis MO - 63127</i>		<i>6-9-06</i>	\$ <i>539.39</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$ <i>1365.83</i>	
13. SUBTOTAL: ANY ATTACHED PAGES		+ \$ <i>1807.38</i>	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ <i>3173.21</i>	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ <i>3337.85</i>	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ <i>3062.50</i>	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ <i>275.35</i>	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$	
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		21. DATE	22. AMOUNT
NAME:			
ADDRESS:			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:			\$
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$	
24. SUBTOTAL: ANY ATTACHED PAGES		+ \$	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$	

27044170920



MISSOURI ETHICS COMMISSION  
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE *Judi Parker for State Representative* DATE *July 15, 2006*

INSTRUCTIONS

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

If further information is needed concerning reporting itemized expenditures, see Form CD-3 instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
NAME AND ADDRESS OF RECIPIENT			
<i>Marks Quick Printing, Inc. 9415 Page Avenue St. Louis, MO 63132</i>	<i>6-5-06 5-22-06</i>	<i>Printing, Bldg, Banner, Letterhead</i>	<i>\$ 227.23</i>
<i>Peace Institute Printing, Inc 4436 Olive St. Louis MO 63108</i>	<i>6-13-06</i>	<i>Printing LH/Menu</i>	<i>\$ 228.15</i>
<i>United States Postal Service's Sappington Post office St. Louis, MO 63126</i>	<i>6-17/23-06</i>	<i>Postage</i>	<i>\$ 312.00</i>
<i>Peace Institute Printing, Inc 4436 Olive St. Louis, MO 63108</i>	<i>6-29-06</i>	<i>Printing/ PP</i>	<i>\$ 500.00</i>
<i>City of Sunset Hills/ Parks 12450 So. Watson Rd. Sunset Hills, MO 63127</i>	<i>4-21-06</i>	<i>Park Pavillion</i>	<i>\$ 40.00</i>
<i>Gregory Christian 100 N. Tucker St., Suite 500 St. Louis, MO 63101</i>	<i>6-9-06</i>	<i>Consulting</i>	<i>\$ 500.00</i>
			<i>\$</i>
			<i>\$</i>
			<i>\$</i>
			<i>\$</i>
TOTAL: ITEMIZED EXPENDITURES (CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			<i>\$ 1807.38</i>

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**OFFICE USE ONLY**

NAME OF COMMITTEE

DATE \_\_\_\_\_

ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Gregory Christian 100 N. Tucker, Suite 500 St Louis, MO 63104	6-9-06	Financial/ Fund Raising Services	\$1500.	\$500.00
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
SUBTOTAL THIS PAGE			\$	\$500.00